

FILED DEC 29 1943

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11163**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Eligson-Gietner Home**
(If not in hospital or institution, write street number or location) **H**
(d) Length of stay: In hospital or institution **2 years & 9 Mos**
(Specify whether In this community **yes** years, months or days)

3. (a) PRINT FULL NAME **AUGUSTA ALTENBERND**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 2 1890**
(Month) (Day) (Year)

8. AGE: Years **53** Months **8** Days **11** If less than one day hr. _____ min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

12. Name **Rudolph Altenbernd** 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Zeller** 15. Birthplace **Edwardville Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rudolph Altenbernd**
(b) Address **704 Dover Pl.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 16, 43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Park Lawn Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister U.A.L.Co.**
(b) Address **7814 S. Broadway**

19. (a) **DEC 15 1943** (Date received local registrar) (b) **J. F. Brudeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **704 Dover pl.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **13**
year **1943** hour **11:30** minute **0** M.

21. I hereby certify that I attended the deceased from **March 20 - 1941**, to **Dec. 13 1943**
that I last saw him alive on **Dec. 13 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Arterio Sclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. C. Herchenrud** (M. D. or other) _____
Address **5000 S. Broadway** Date signed **12/14/43**

Duration **1/2 hour**

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Paul A. Shanklin

....., Registered Apprentice No.

working under my personal supervision.

Signed *Paul A. Shanklin*.....

Licensed Embalmer No. *3472*.....

P. O. Address. *7814 So. Broadway*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.